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CONFIRMATION NO. 8045

<b>SERIAL NUMBER</b> 09/538,493	<b>FILING OR 371(c) DATE</b> 03/30/2000 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2437	<b>ATTORNEY DOCKET NO.</b> 10512/0006/25SD
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**APPLICANTS**  
 Geoffrey B. Rhoads, West Linn, OR;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/186,962 11/05/1998 PAT 7,171,016  
 which is a CON of 08/649,419 05/16/1996 PAT 5,862,260  
 which is a CIP of PCT/US96/06618 05/07/1996  
 and is a CIP of 08/637,531 04/25/1996 PAT 5,822,436  
 and is a CIP of 08/534,005 09/25/1995 PAT 5,832,119  
 and is a CIP of 08/508,083 07/27/1995 PAT 5,841,978  
 and is a CIP of 08/436,102 05/08/1995 PAT 5,748,783  
 and is a CIP of 08/327,426 10/21/1994 PAT 5,768,426  
 which is a CIP of 08/215,289 03/17/1994 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 06/01/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 34	<b>TOTAL CLAIMS</b> 57	<b>INDEPENDENT CLAIMS</b> 20
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**ADDRESS**  
23735

**TITLE**  
METHOD AND SYSTEMS FOR INSERTING WATERMARKS IN DIGITAL SIGNALS

<b>FILING FEE RECEIVED</b> 5210	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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